



State of California—Health and Human Services Agency  
**Department of Health Services**



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Director

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## **NOTICE OF PRIVACY PRACTICES**

### **Children's Treatment Program (CTP)**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### **PRIVACY AND YOU**

Your health information is personal and private. The CTP must keep your health information private. This information includes health information from health care providers or their representatives that send bills to us. We use this health information to decide if we will pay the provider for you or your child's follow-up care as written by a Child Health and Disability Prevention (CHDP) Program health evaluation. The law also says that CTP must tell you how we keep your personal and health information private and what your rights are.

*This notice tells you that health information about you is kept private and how you can get a copy of the information we have. It also tells you how CTP can use your health information and give it to others.*

#### **HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU**

CTP must obey laws on how we use and share health information. The child's name, address, personal or health information, such as what services were given, are used or shared for reasons related to the operation of the CTP. Activities that are connected with the operation of the CTP include payment for services to physicians or their representatives. Physicians report personal, medical and eligibility information about you or your child that come from a CHDP health evaluation and referral in order to get paid.

CTP may use and give out personal and health information to approve claims, determine payment amounts and for auditing purposes. CTP may also need to give out personal and health information, when required by law, such as for workers' compensation purposes or because of a court order.

## **WHAT YOUR RIGHTS ARE**

By law, CTP must have your written permission to use or give out personal and health information about you or your child for any reason that is not described in this notice. You may take back your written permission at any time, except if CTP has already acted because of your permission.

By law, you have the right to look at and get a copy of the information CTP has received and/or stored in our records about you or your child. CTP has some personal, health and eligibility information that is needed to pay bills that we receive from physicians or their representatives. We pay physicians for the follow-up care they provided to you or your child that is listed in the CHDP health evaluation.

If you want a copy of the information CTP has, you must ask for the information in writing and send your request to the CTP program. You may call the Sacramento telephone number below to be sent a request form.

You have a right to have information in your or your child's records changed if information is missing or you believe the information is wrong. If the information you want to change did not come from CTP, we may not be able to change it, but we will keep a copy of your request with your records.

You have a right to know when your CTP information is given out for reasons other than running the CTP program. When the information is given out for other than CTP operations, you have a right to ask for a list of who was sent the information, when it was sent, the reason it was given and exactly what information was given.

You have a right to ask that CTP contact you only in writing or at a different address, post office box, or telephone number. CTP will contact you the way you have asked if this is necessary to keep you safe.

You have the right to ask CTP not to use or share your information in the ways listed above. We may not be able to agree with your request.

You have a right to ask for a paper copy of this NOTICE OF PRIVACY PRACTICES. This Privacy Notice can be found on the Internet at <http://www.dhs.ca.gov/ctp>.

**\*\*\*\*IMPORTANT\*\*\*\***

CTP does not have complete copies of your health records. If you want to look at, get a copy of, or change your health records, please contact your doctor, clinic, or health plan.

**HOW DO YOU USE YOUR RIGHTS?**

If you want to use any of the privacy rights written about in this notice, or if you believe that your privacy rights have been violated and want to complain, you may call or write:

Privacy Officer  
CA Department of Health Services  
Box 942732  
Sacramento, CA 94234-7320  
(916) 255-5259 or (877) 735-2929 TTY/TDD

or

Secretary of the US Department of Health and Human Services  
Office for Civil Rights  
Attention: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102  
For additional Information call (800) 368-1019  
or  
U S Office for Civil Rights at (866) OCR-PRIV (866) 627-7748) or  
(866) 788-4989 TTY/TDD

**This privacy notice is from the CTP. You may get other privacy notices from your doctor and other health care programs.**

## **NO RETALIATION**

CTP cannot take away payments to providers or retaliate in any way if you choose to file a complaint or use any of the privacy rights in this notice.

## **QUESTIONS?**

If you have any questions about this Notice and want further information, please contact the Privacy Officer at the address and phone number on page 3.

### **CHANGES TO NOTICE OF CTP PRIVACY PRACTICES**

CTP must obey the rules of this notice. We have the right to make changes in our privacy rules. If we do make changes, we will change this notice and give it to CTP clients.

**To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Privacy Officer at the number or address on page 3.**